COUNTY OF CONTRA COSTA

Training Reimbursement Request

**To: County Administrator**

**From: Health Services Department** **Date of Request**

Please authorize attendance at an in-service training course for the following employee:

Name Classification

The training course is entitled:

And is briefly described as follows:

(Attached Brochure or other Course Description)

The training course will be given by:

(Name and Address of Institution)

Beginning on and ending on with sessions schedule between the hours of and

I am requesting attendance and reimbursement based on (DIRECT) (INDIRECT) benefit to county as follows:

1. **Direct Benefit:** ‪ Attendance on my own time. ‪ Partially county time. ‪ Wholly county time.

Reimbursement is requested for the following item(s):

**County Time Requested:**   **Total Reimbursement Requested:** **$**

1. **Indirect Benefit:** Attendance at my own expense and on my own time, except that reimbursement for one half of the course

Enrollment fee of $ will be claimed.

Date Signature of Employee

I believe this training course to be of (DIRECT) (INDIRECT) benefit to the county for the following reason(s):

And hereby certify that no county time or expense, other than those approved herein, will be authorized for reimbursement as a result of this request.

Date Signature of Department Head

This training reimbursement request is (APPROVED) (DISAPPROVED) for attendance on county time for work hours and for reimbursement for expenses in the amount of for items authorized above.

Comments:

Date County Administrator